

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

modale Electron Commission (IC 3-3-3-14)

**INSTRUCTIONS:** Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? To Yes M No.

(CFA-4) Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

10

19 1 LIS AN AMENDMENT 1 162 P	NO		10	
	COMMITTEE INFORMATION			
Full Name of Committee (as on Statement of Organization)		ne	<u> </u>	
Maurice Heitzman for Mayor of Fishers IN	Check if the is a new harr			
Acronym or Abbreviated Name (if any)		Committe	ee Telephone Number	
Maurice for Mayor	,		•	
		317	) 331-5248	
4. Mailing Address (address where all campaign finance corre	espondence is received)	K II UIIS IS	a new address	
11156 Meadows Drive 5. City, State, ZIP Code		Party AH	iliation (if applicable)	n al a l'Angliet de la Collection de l'Anne au Lagrage de La Lagrage de La Collection de La Collection de La Collection de l'Anne de l'A
Fishers, IN 46038-2928	1	Republica		
	DRMATION (For Candidate's Con			
7. Full Name of Candidate (include any nickname)		s. Party Aff Republican	iliation or If Independen	t Candidate
Maurice A Heitzman		······································		
9. Office Sought (Include district number, if any. Not required		-	of Residence	
Mayor of City of Fishers		lamilton		
TYPE OF R	EPORT			CANDIDATES ONLY
11. Check one:			Check one:	
Pre-Primary Pre-Election Arnual Nomination O	ther		Pre-Conv	
Final/Disbands Committee (lines 18, 19, and 20 must be "0") Outgoin	ng Treasurer (within 10 days amend Statement of Org	ganization)	Post-Con	vention
12. Reporting Period:			COLUMN A	COLUMN B
From4/12/ 2014 Through: 10/01/2	2014	20	This Period	Year to Date
13. Cash on hand and investments at the beginning of this re	porting period.		20	
14. Cash on hand and investments January 1, current year.				0
CONTRIBUTIONS AND F	· · · · · · · · · · · · · · · · · · ·			
(Note: these amounts include in-kind contributions and loans,	, as well as cash contributions.)			
15a. Itemized (use Schedule A)	**************************************		325	445
15b. Unitemized		***************************************	160	230
15c. Add lines 15a and 15b in both columns	SUBTOT	AL	485	675
16. Add lines 13 and 15c in Column A and lines 14 and 15c in	n Column B TOT	TAL	505	675
EXPENDITURE	S (10)	3 4 1 1		
(Note: These amounts include in-kind expenditures and loan	repayments.)			1. EV
17a. Itemized (use Schedule B) (Public Question: use Schedule	ule C)		370	490
17b. Unitemized			135	185
17c. Add lines 17a and 17b in both columns	SUBTO	TAL	505	675
18. Cash on hand and investments at close of this reporting period (su	obtract 17c from 16 in both columns) TC	OTAL	0	0
19. Debts OWED BY the committee (use Schedule D)			0	
20. Debts OWED TO the committee (use Schedule E)			0	
	PICATION			OR OFFICE USE ONLY
	IFICATION OF MY KNOWLEDGE AND BELIEF IT IS TRUE	E CODDEC		OR OFFICE USE ONLY
	Title	Date		BYWILDH CORNER OFFRE
	Candidate / Chairman / Treasurer	1	3/2014 83	PEGGY BEAY
	ANALON MARKET STATE OF THE STAT	Date		
			3/2014	2014 CCT -3 PM
	sale or used for any commercial purpose. (IC son who fails to file a complete or accurate r		erson who knowingly	
	and may be subject to civil penalties. (IC 3-9-4-1			



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## (CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER					
Page	1	of	1		

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Maurice Heitzman 11156 Meadows Drive Fishers, IN 46038	Contributions: Direct In-Kind (describe) Printing / Flyers / Car Magnets Other Receipts: Interest Loan Misc. (specify)	115	235	5/6/2014
Contributor's Occupation (if required)				
z. Brian Heitzman 11101 Lantern Road Fishers, IN 46038	Contributions:  Direct In-Kind (describe) Yard Signs Other Receipts: Interest Loan Misc. (specify)	210	210	4/16/2014
Contributor's Occupation (if required)				
3.	Contributions:  Direct In-Kind (describe)  Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)	Contributions:	W 44 M 14 C C C C C C C C C C C C C C C C C C		
•	Other Receipts:  Interest Loan Misc. (specify)			
Contributor's Occupation (if required)				antaka dan samphalikan dan 4 dah 40 proposits samayan nagangangan sama da mala da pakalina da sa
Contributor's Occupation (if required)	Contributions:  Direct In-Kind (describe)  Other Receipts: Interest Loan Misc. (specify)			
	THIS PAGE OF SCHEDULE A	\$ 325		
TOTAL OF ALL PAGES OF SCHEDULE A		\$ 325		



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## (CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

**Itemized Contributions and Other Receipts** 

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER				
Page	1	of	1	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	Contributions: Direct In-Kind (describe)	0	0	n/a
NONE	Other Receipts: Interest Loan Misc. (specity)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts:   Interest   Loan     Misc. (specify)			
3,	Contributions: Direct In-Kind (describe)		The state of the s	annya (a ta manada da Managa ngga ngga ngga na a ta da da
	Other Receipts: Interest Loan Misc. (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions:  Direct In-Kind (describe)			
	Other Receipts:  Interest Loan  Misc. (specify)			
	THIS PAGE OF SCHEDULE A	\$ 0	**************************************	
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE	A ON THE LAST PAGE ONLY EM 15a of the Summary Sheet)	\$ 0		



#### (CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1,	NONE	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	0	0	N/A
2.		Contributions:  Direct In-Kind (describe)  Other Receipts: Interest Loan Misc. (specify)			
3.	•	Contributions;  Direct In-Kind (describe)  Other Receipts: Interest Loan Misc. (specify)			
4.		Contributions:  Direct In-Kind (describe)  Other Receipts: Interest Loan Misc. (specify)			
5.		Contributions:  Direct In-Kind (describe)  Other Receipts: Interest Loan Misc. (specify)			
	SUBTOTAL TOTAL OF ALL PAGES OF SCHEDULE	THIS PAGE OF SCHEDULE A	\$ 0		
		M 15a of the Summary Sheet)	\$ 0		in A



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# (CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, relunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER				
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Page	1	of	1	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	Contributions: Direct In-Kind (describe)	0	0	N/A
None	Other Receipts:  Interest Loan  Misc. (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
3,	Contributions:  Direct In-Kind (describe)	and find him the same and the s	Mark State S	
	Other Receipts:  Interest Loan  Misc. (specify)			
<b>4</b> ,	Contributions: Direct In-Kina (describe)		11000	AND THE CONTRACT OF THE CONTRA
	Other Receipts:  Interest Loan  Misc. (specify)			
5.	Contributions:  Direct  In-Kind (describe)			
	Other Receipts:  Interest Loan Misc. (specify)			THE REST OF THE PERSON OF THE
SUBTOT	AL THIS PAGE OF SCHEDULE A	\$ 0		
TOTAL OF ALL PAGES OF SCHEDU (Enter total on	LE A ON THE LAST PAGE ONLY (TEM 15a of the Summary Sheet)	\$ 0		



#### (CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contribution, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions recardless of amount from candidate's, legislative caucus, and regular party committee) MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE NUM	BER	
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Page	1	of 1	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B	DATE RECEIVED RECEIVED BY
(street, number, city, state, ZIP code)	Contributions:	PERIOD	YEAR-TO-DATE	
1.	Direct In-Kind (describe)	0	o	n/a
none	Other Receipts. Interest Loan Misc. (specify)	v	V	
2.	Contributions; Direct In-Kind (describe)			
	Other Receipts:			
3.	Contributions: Direct In-Kind (describe)		MALIAN TO A PARTICULAR PROPERTY OF THE PARTICULA	
į	Other Receipts:  Interest Loan  Misc. (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts:  Interest Loan  Misc. (specify)			
<b>5.</b>	Contributions: Direct In-Kind (describs)	A 1 A 1 A 1		
	Other Receipts: Interest Loan Misc. (specify)			
SUBTOTAL 1	THIS PAGE OF SCHEDULE A	\$ 0		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITE)	ON THE LAST PAGE ONLY  15a of the Summary Sheet)	\$ 0		



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## (CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FI	LE NUM	BER	
Page	11	of	1

RECIPIENT'S NAME AND MAILING ADDRESS	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
(street, number, city, state, ZIP code)	OFFICE SOUGHT (if applicable)				
Maurice Heitzman 11156 Meadows Drive Fishers, IN	Mayor, Fishers IN	☐ Direct ☑ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose: Gas (auto), home printing	135	305	5/6/2014
Sign Depot 1813 E Colonial Orlando FL 32803	Yard Sign manufacturer	□ Direct    □ In-Kind     □ Payment of Debt     □ Returned Contribution     □ Other     □ Purpose: Yard Signs	370	370	4/17/2014
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PAG		\$ 505		
TOTAL OF ALL PA	GES OF SCHEDULE B ON THI		\$ 505		



# (CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

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Page	1	of	1	

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PUBLIC QUESTION INFORMATION  Enter Text of Public Question							
Errer Text of Public Question							
	Not A	pplicable					
Type of Question: Statewide Local							
Position: Supported Oppos		TYPE OF EXPENDITURE	COLUMN A	COLUMN B			
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	and PURPOSE (be specific)	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE		
Code		☐ Direct ☐ in-Kind ☐ Payment of Debt					
		Returned Contribution					
Not applicable							
		Purpose:					
Code		☐ Direct ☐ In-Kind	***************************************				
		Payment of Debt					
		Returned Contribution Other					
		Purpose:					
Code	***************************************	☐ Direct ☐ In-Kind					
		☐ Payment of Debt ☐ Returned Contribution					
		Other	7				
		Purpose:					
Code		☐ Direct ☐ In-Kind					
		Payment of Debt Returned Contribution					
		Other					
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		Payment of Debt					
	!	☐ Returned Contribution ☐Other					
		Purpose:	in the second se				
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		Payment of Debt Returned Contribution	confidence consider				
		Other					
		Purpose					
1.00	SUBTOTAL THIS PAG	SE OF SCHEDULE C	\$ 0				
TOTAL OF ALL PAGI	ES OF SCHEDULE C ON THE		<b>\$</b> 0				
	(Enter total on ITEM 17a of I	ine Summary Sheet)			i sala Mijir		



## (CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount. OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

FILE NUMBER						
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Page	1	of	1			

CREDITOR'S OR LENDER'S NAME	ENDORSER'S OR VENDOR'S	AMOUNT		CUMULATIVE	OUTSTANDING
& MAILING ADDRESS (street, number, city, state, ZIP code)	NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	NATURE OF DEBT	DATE DEBT INCURRED	PAID YEAR-TO-DATE	BALANCE THIS PERIOD
none		and the second and th	N/A	0	0
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LENDER'S OCCUPATION Engineer					
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TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet)				\$ 0	



## (CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, <u>regardless of the amount.</u>
OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

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BORROWER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	CO-SIGNER'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	ORIGINAL AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD	
None		N/A	N/A	0	0	
		N/A			V	
					:	
SUBTOTAL THIS PAGE OF SCHEDULE E					\$ 0	
TOTAL OF ALL PAGES OF SCHEDULE E ON THE LAST PAGE ONLY  (Enter total on ITEM 20 of the Summary Sheet)				\$ 0		